

ORDER

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

Great Lakes Region

GL 3560.1A

10/15/98

SUBJ: Great Lakes Region Transit Benefit Program

1. PURPOSE. This Order establishes the policies and procedures for the Great Lakes Region Public Commuter Service Transit Benefit Program. It identifies the associated benefits of this program and encourages FAA employee utilization of the Transit Benefit Program (TBP) through subsidized monthly costs where authorized transportation exists.
2. DISTRIBUTION. This order is distributed to the Branch Level and above in the Regional Headquarters and to all field offices and facilities at the standard level.
3. CANCELATION. GL 3560.1, Great Lakes Region Transit Benefit Program, dated 2/23/93, is canceled.
4. BACKGROUND. Under the authority of the Federal Employees Clean Air Incentives Act, 1994, P.L. 103-172, Federal agencies may participate in any program established which encourages employees to use any transit provider that is in the business of providing commuter services to the public using transit passes. Transit passes may include cash reimbursement, but only if a voucher or similar item is not readily available for direct distribution. The letter referenced in paragraph 5(f) below states in part, "The Administrator has directed that the Federal Aviation Administration (FAA) shall participate fully in the program," and "funding for the program will be from available appropriations." The General Services Administration has provided guidance which allows appropriated funds to be used for transit benefits. The Internal Revenue Service (IRS) permits a monthly fringe benefit, without tax liability, to be paid to employees who commute via public commuter services. This benefit is prescribed by law.
5. SCOPE. This program covers all permanent and temporary employees who utilize public commuter services for commuting to and/or from work on a regular basis. This order is designed primarily for FAA employee participation in metropolitan areas.

Since each participating metropolitan area is unique, specific direction will be provided for that metropolitan area. Local Program Coordinators may use this order to the extent feasible together with local supplementation, as necessary, after obtaining the approval of the Program Coordinator, AGL-54.

6. REFERENCES.

a. Public Law 103-172, Federal Employees Clean Air Incentives Act, effective 1-1-94.

b. Public Law 102-486, Section 1911, Treatment of Employer-Provided Transportation Benefits, effective 12-31-92.

c. Federal Property Management Regulations, 41 Code of Federal Regulations 101-20.104-4.

d. Executive Order 12191 of February 1, 1980, Federal Facility Ridesharing Program.

e. DOT M 1750.1, Employee Commuter Transportation Programs Manual.

f. The Assistant Administrator for Budget and Accounting letter dated January 31, 1992, subject "Action": Transit Benefit Program".

7. REGIONAL POLICY.

a. The Great Lakes Region promotes participation in the Transit Benefit Program which involves the distribution of discount transit passes or other incentives to encourage employees to commute to and/or from work by means of public commuter service and to reduce the cost to personnel who commute via commuter transportation.

b. Benefits are not transferable and are to be used only for the commute to and/or from work. Giving or selling fare media or benefits to other individuals, or purchasing the same from another is prohibited even if the other individual is eligible to receive a benefit.

c. Only personnel who are not on any other federally subsidized transportation arrangement may participate in the

Transit Benefit Program. This includes federal worksite parking permits.

8. RESPONSIBILITIES.

a. Logistics Service, AGL-54, will:

(1) serve as the Program Coordinator to develop policy and coordinate with unions, local program coordinators and management, as necessary;

(2) review and evaluate programs at least annually; and coordinate reports.

(3) review, coordinate, and approve field attachments necessary to operate the Transit Benefit Program.

b. All Division and Staff Office Managers will ensure that all employees are aware of the program and budget sufficient operating funds for program operation.

c. All Approving Officials will review the employee's application for the Transit Benefit Program and ensure all requirements are met before approving employee applications.

d. Local Program Coordinators will review the local transit situation for their metropolitan area and determine whether there is sufficient local interest to merit development of a local program. If there is sufficient local interest, local coordinators will contact the Program Coordinator, AGL-54 for further information.

9. TRANSIT BENEFIT. Actual expense will be reimbursed not to exceed the maximum prescribed by current law.

10. PROCEDURES FOR PROGRAM PARTICIPANTS.

a. Application. Those FAA employees desiring to participate must complete DOT F 1700.18 (see figure 1). This form must be completed and approved by the designated program coordinator prior to picking up the transit benefit. This is a one time application which remains in effect for as long as the employee is in the program. No responses will be made to the

form unless there is some reason for disapproval; in which case the applicant will be contacted directly by the designated program coordinator.

b. Participants. FAA employees desiring to participate must certify in writing, upon the receipt of fare media that they are eligible for a transit benefit, are obtaining it for their commute to and/or from work, and will not transfer the fare media to any other individual.

c. Non-Payment Penalty and Other Penalties. Employees are cautioned that certain actions may seriously jeopardize their entitlement to the benefits of this program. Examples of actions are as follows:

(1) Employees receiving transit benefits who do not use their benefits for the purpose of commuting to and/or from work will be removed and permanently barred from further participation in the program.

(2) Adverse action may also be proposed, depending on the circumstances, against employees who violate the terms of this program.

d. Termination of Program Utilization. Employees leaving the metropolitan area, leaving agency employment, or electing to use some other form of transportation must contact the program control point immediately and return any unused benefits.

for Maurien Woods
Cecelia L. Hunziker
Regional Administrator

Appendix 1. Chicagoland Metro Area

1. PURPOSE. This appendix provides specific direction for the administration, control, and participation in the Great Lakes Region Transit Benefit Program in the Chicagoland metropolitan area. These directions are to be followed in conjunction with the provisions of Great Lakes Order, GL 3560.1A.

2. SCOPE. The Chicagoland metropolitan area program will involve all FAA Divisions and any Chicagoland Field Office that wishes to participate. The Great Lakes Logistics Service, AGL-54, will be the Program Coordinator in the Regional Office. Chicagoland Field Offices shall appoint Local Program Coordinators. The local Third Party Draft Official will deliver the transit benefit, up to the maximum prescribed by law, upon proper verification.

3. Procedures for PROGRAM PARTICIPANTS are:

a. Application. Those desiring to participate must complete DOT F 1700.18 (see figure 1). The accounting classification and approval for availability of funds must be completed by an approving official. Names of approving officials are maintained on file at the Third Party Draft Official. This is a one time application which remains in effect for as long as the employee is in the program.

NOTE: The cost of this program will be charged to each office's Program Element, and Object Code, 121T.

b. Obtaining Transit Benefits. Transit benefits must be obtained for the month that funds are expended. Each employee will be required to submit a Transit Benefit Certification form (see figure 2) and a receipt for services expended. In addition, employees will submit Standard Form 1164, Claim for Reimbursement for Expenditures on Official Business with approving official signature. Employees are expected to pick up benefits in person and show employee identification.

4. PROGRAM COORDINATOR/LOCAL PROGRAM COORDINATOR procedures are:

a. Processing Application Form, DOT F 1700.18. The completed application forms will be used to build a data file of authorized employees. The file will include date of application, the last four digits of the social security number, name, home address, work address, work phone number, grade, previous mode of commute, accounting classification code, approving official, fare media type (transit authority providing service), total cost, State and/or local subsidy, FAA benefit, and amount to be paid by the employee.

b. Printing Monthly Authorization List. Each month prior to the next selling period of Regional Transit Authority (RTA) fare media, the coordinators will print an authorization list. The list will be generated from the data file. The list should include the last four digits of the social security number, employee name, grade, accounting classification code, fare media type, total value, State and/or local subsidy, FAA benefit and employee cost.

c. Dissemination of Authorization List. Each month on the same day it is printed, the Program Coordinator/Local Program Coordinators will provide the Third Party Draft Official personnel with a copy of the authorization list.

d. Processing Completed Authorization List Return to AGL-54. After the reimbursement period for the previous month, the Third Party Draft Official (program control point) will return the authorization list to the Program Coordinator, AGL-54. Attached will be the receipts of purchased fare media along with the Transit Benefit Certification form signed and completed by the employee. The Program Coordinator will update the computer data files from information shown on the authorization list and receipts. A copy of the authorization list will be returned to the local program coordinators where applicable.

e. Additions and Deletions to the Authorization List. Each month, additional employees will decide to use the program, and some will leave or decide to quit the program. New applications will be added to the list as required by the program procedures in paragraph 4a. Employees will be removed from the list upon receipt of a memorandum or the application form marked "cancel". Employees also will be removed from the authorization list upon receipt of GL Form 2700-2, Employee Clearance Record, or if one

of the employee actions which justify removal, as described in paragraph 10c of this Order, occurs.

f. Reporting. The Program Coordinator, AGL-54, will generate reports as needed to perform the required analysis and control of the program. As a minimum, the following reports will be generated:

(1) Authorization Lists. This monthly list will be generated and reviewed prior to dissemination as described in paragraph 4c. After receipt of the returned authorization list it will be reviewed to ensure that the amounts shown as benefits do not exceed the maximum prescribed by current law per month and that benefits were used for the purchase of a transit fare media.

(2) Monthly report. This report will be generated to document all participants and costs in all categories. The Program Coordinator, AGL-54, will ensure that;

(a) total benefits from FAA do not exceed the maximum prescribed by current law,

(b) all participants are current and bonafide employees.

(c) final report is sent to Washington Headquarters.

5. THIRD PARTY DRAFT procedures are:

a. The Third Party Draft Official will receive the monthly authorization list from the Program Coordinator/Local Program Coordinator prior to the beginning of the month. The list will authorize the Third Party Draft Official to issue a fare benefit to the named employee after obtaining the employee's signature on the "Transit Benefit Certification Form"; Standard Form 1164, Claim for Reimbursement for Expenditures on Official Business, and an original receipt, pass or stub for transit services received.

b. Reconciliation of Records. After the month is completed the Third Party Draft Official will complete the authorization list in the following manner:

(1) line out all employees who did not participate in the program,

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(2) line out and correct any incorrect items on the list,

(3) return to the Program Coordinator prior to the beginning of the next month the authorization list; the "Transit Benefit Certification,"; and the original receipt, pass or stub for transit services received.

FIGURE 1. TRANSIT BENEFIT APPLICATION

APPLICATION FOR TRANSIT BENEFIT

Name: _____
(Last) (First) (MI) (Last 4 Digits of Social Security No.)Home Address: _____
(Number/Street)

(City) (State) (Zip)

Work Address: _____
(Agency) * (Routing Symbol) (Grade/Rank)

(Building) (Room Number) (Phone Number)

* If an employee of the UNITED STATES COAST GUARD, check the following: ☐ appropriated ☐ non-appropriated employee

MODE OF TRANSPORTATION CURRENTLY USED FOR COMMUTING:

___ Drive Alone ___ Transit (Rail) ___ Commuter (Rail) ___ Other _____
 ___ Carpool/Vanpool ___ Transit (Bus) ___ Commuter (Bus)

EMPLOYEE CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE DEPARTMENT OF TRANSPORTATION AND AM NOT NAMED ON A WORKSITE PARKING PERMIT WITH DOT OR ANY OTHER FEDERAL AGENCY. I ALSO CERTIFY THAT I AM ELIGIBLE FOR A PUBLIC TRANSPORTATION FARE BENEFIT, WILL BE USING IT FOR MY DAILY COMMUTE TO AND/OR FROM WORK, AND WILL NOT TRANSFER IT TO ANYONE ELSE. IN ADDITION, I CERTIFY THAT THE MONTHLY TRANSIT BENEFIT I AM RECEIVING DOES NOT EXCEED MY AVERAGE MONTHLY COMMUTING COST (BASED ON A 20 DAY MONTH COMMUTING BY PUBLIC TRANSPORTATION).

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001, CIVIL PENALTY ACTION PROVIDING FOR ADMINISTRATIVE RECOVERIES OF UP TO \$5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.

(Applicant Signature) (Date)

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with DOT or any other Federal agency.

Accounting Classification:

□□/□□□□/□□□/□□□/□□□□□□/□□□□□□/□□□□

Approved for
Availability of Funds:

(Not to Exceed \$80.00 per month)

Enter Appropriate Dollar Amount of the Fare Media Requested
in the Related Space Below.

(Operating Administration) (Transit Provider(s)) \$ _____ \$ _____
(Monthly Cost) (Annualized Cost)

(Signature of Approving Official) (Printed Name of Approving Official) (Building & Room Number) (Routing Symbol)

Servicing Accounting Office:

(Routing Symbol) (Building & Room Number)

TRANSIT BENEFIT OFFICE ACTION:

Approved:

(Signature) (Printed Name) (Date)

Disapproved:

(Signature) (Printed Name) (Date)

FIGURE 2. TRANSIT BENEFIT CERTIFICATION

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***TRANSIT BENEFIT CERTIFICATION FORM**

CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE DEPARTMENT OF TRANSPORTATION AND AM NOT NAMED ON A WORKSITE PARKING PERMIT WITH DOT OR ANY OTHER FEDERAL AGENCY. I ALSO CERTIFY THAT I AM ELIGIBLE FOR A PUBLIC TRANSPORTATION FARE BENEFIT, WILL BE USING IT FOR MY DAILY COMMUTE TO AND/OR FROM WORK, AND WILL NOT TRANSFER IT TO ANYONE ELSE.

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001, CIVIL PENALTY ACTION PROVIDING FOR ADMINISTRATIVE RECOVERIES OF UP TO \$5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.

NAME (Last, First, MI) (Please Print)	SIGNATURE	AMOUNT OF BENEFIT	TRANSIT SYSTEM USED	DATE	CHANGE DOT OFFICE? (Y/N)

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with DOT or any other Federal agency.

NOTE: Transit benefit media become the property and responsibility of authorized participants upon receipt. Once issued, transit benefit media will not be replaced for any reason.

***Sample form for Transit Benefit Certification.** Any form may be used that includes at least the above information.